2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #-P95000057246

FILED

00 APR -6 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PYPER ENGINEERING, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PARKWAY SUITE 219 FORT MYERS FL 33919 US	8695 COLLEGE PARKWAY SUITE 219 FORT MYERS FL 33919-4810 US

2. Principal Place of Business	3. Mailing Address
As Above	As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03/16/00-90095 030 $150.00

4. FEI Number 65-0598340 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREW M. PYPER SUITE 219 8695 COLLEGE PARKWAY ~~SUITE 230~~ SUITE 219 FORT MYERS FL 33919	Name ANDREW M. PYPER - NO CHANGE Street Address (P.O. Box Number Not Acceptable) 8695 College Parkway ~~Suite~~ 219 City Ft MYERS FL Zip Code 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PYPER, ANDREW M 8695 COLLEGE PARKWAY FORT MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PYPER, PATRICIA C 8695 COLLEGE PARKWAY FORT MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/10/00 941-437-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #